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THE NURSING TIMES

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NURSING NOTES

The King's Nurse.

KING EDWARD'S serious accident at Windsor last week brought out the fact, not generally known, that of late a trained nurse, Miss Fletcher, has been permanently attached to the King's Household. The lady holding this post travels with the Queen and Princess Victoria, whose delicate health is possibly to some extent the reason for this arrangement. She is, says the *Sheffield Telegraph*, one of the two nurses who nursed the King in his Coronation illness, the other, Miss Haines, having been appointed matron of Osborne Convalescent Home.

The precaution of having a nurse always at hand to attend any member of the Royal Family in case of sudden illness or accident was taken for some years before her death in the case of the late Queen Victoria, since the sudden summons of a nurse might have caused something of a national panic in the last years of the Queen's life.

District Nurses and the Mothers' Union.

At the recent meeting of the Women's Diocesan Association Miss Curtis (lady superintendent of the Hammersmith District Nursing Association) read an interesting paper on her experiences. She described the average homes of the working classes, the appalling condition of the sleeping apartment, and how a little management and proper sense of the value of fresh air might lessen the evil; the slackness that waits on stuffiness, leading to late rising and idle chatting with neighbours rather than turning to the household work; the utter absence of method and forethought in housekeeping, and of any idea of planning the meals from day to day; the utter short-sightedness as to the ultimate well-being of their children, and helplessness to enforce their authority when the children grow up. A lack of self-control seemed at the root of most of their failings.

District nurses could speak with plainness and directness on matters of cleanliness and order, and often the lessons learned in sickness were learned more or less for life. But then, again, it more often happened that the illness which gave the nurse her opportunity was cured before the moral ills were more than just touched. The better training of district visitors and the great force recognised in the Mothers' Union must then be looked to for the carrying on of this work.

We learn that before long a scheme will probably be arranged by which district nurses may work hand-in-hand with the Mothers' Union.

Nursing under the Poor Law.

The Atcham Board is naturally anxious about the frequent changes on its nursing staff; one guardian remarked that a whole year's salary had been spent on advertising for nurses, and at last it has taken the obvious course of referring the whole question to the officers' committee. This infirmary is for some cause or other getting a bad reputation among the nurses, and it is well that the whole matter be sifted to the bottom, and it is to be hoped that there are some on the officers' committee who are competent to elicit and to make use of the truth.

As another instance of the want of discipline among workhouse infirmary nurses, we note that the incident at Battle is not closed. The head-nurse of the Union left her post without the permission of the Board; it was one of those cases in which the notice given by the nurse was delayed in reaching the Guardians because the Board only met at rather long intervals; hence the Guardians refused to grant leave before the expiration of the legal notice. The nurse, however, took the law into her own hands, and is now asking for the testimonial which the Board is withholding until she has refunded the money forfeited. As another nurse has resigned just after appointment, the whole question of the nursing staff of the Union is to be considered in committee.

At Newry there is to be a Local Government Board inquiry into the conduct of a nurse, and into the charges brought by that nurse against the master. The nurse acknowledges that she altered an entry in the porter's book, but, needless to say, that does not stand as an isolated fact, but is interwoven with questions of conduct, and, as the matter now stands, the nurse has withdrawn her resignation and awaits the inquiry.

In the meantime, everyone who wishes well towards the nurses in Poor-Law work, towards their patients, and towards their employers, longs for the day when the whole question of nursing under the Poor Law shall be dealt with as a whole, for in the meantime everyone concerned is suffering loss and damage. The guardians are confronted with a conditions of things, and with a style of person, for which their previous experience furnishes but little help, and whilst most anxious to do their duty by all concerned, each

encounter only finds them floundering more deeply than ever. The nurses, in many instances, working in isolated positions, and missing that *esprit de corps*, which is the heart and nerve of a great cause, do foolish things, playing for their own hand, and bring discredit upon a work which stands second to none in its possibilities of helpfulness and service, and neither party gets the assistance from appropriate legislation by the central authority which would do so much to bring order out of chaos.

Long Hours for Nurses.

A correspondent to the *Birmingham Daily Post* makes the grave assertion that in Birmingham hospitals nurses are on duty for twelve hours a day with the exception of half an hour for dinner and twenty minutes for tea, and are not allowed to sit down during this time. This he considers a great hardship, when seats are provided even for shop-assistants. Probably the hours of duty quoted are correct. "In my old hospital," writes a matron to us, "we used to go on duty at 7 a.m., and did not leave the wards until 9 p.m., and only had two hours off twice a week, not every day, as nurses do now. This was altered by our excellent matron, who did many things to improve our conditions of work and relieve us from some of the heaviest duties. We had to scrub the floors of the lavatories, scrub the tables, carry heavy baskets of linen to the basements, besides sweeping the wards and dusting and cleaning brass. This has all been altered, yet I think in some ways it was a capital thing for us. A nurse who could go through this work had to be in excellent health; the weakly were soon eliminated from our ranks, and we were very happy; but, oh! how our feet ached at the end of the day, and how we were tempted to spend the four hours a week on our beds instead of in the open air." The statement that Birmingham nurses are not allowed to sit down must surely be much exaggerated. No matron would make such an arbitrary rule, and there can be no objection to nurses sitting down when there is no work to be done or patients requiring attention, as long as they are on the alert and ready to attend to them at any minute. Probationers are always taught to rise when their matron enters the ward, and this rule has probably been misrepresented, and taken by the lay mind to mean that the matron does not like to see nurses sitting down. The rising upon the entrance is only an ordinary mark of courtesy to a senior officer of the hospital, and from our own knowledge we may say we have often seen the nurses sitting down quite happily in the wards of one of the largest hospitals there, and one of the matrons is known to encourage her nurses to sit down and read on night duty.

Old Clothes.

A message we printed last week from a lady who occasionally has old clothes to give away has brought her a number of answers—somewhat to her distress, since at the moment she has very little. She has, however, kept the names and addresses of correspondents, and will send a parcel as soon as she can collect it.

The answers, pathetically begging for old clothes to distribute to needy patients, have suggested to us that this paper might be of real service in putting those who *have* into touch with those who *want*. We know that old clothes, valueless and troublesome to their owners, will be judiciously distributed by district nurses who know where real need exists and deserves to be met. There are dozens of nurses who would be glad to receive: but it is harder to collect the names of those likely to have old clothes to give away. In this respect hospital nurses can help their sisters on district, either by giving their old things, or by inducing their friends outside to do so, and we shall be very grateful if they will send names and addresses, and state whether or not the givers desire the carriage of parcels paid. We will also keep a list of district nurses who send their names (enclosing a stamp), asking for these clothes, and as far as possible we will put each giver in touch with a receiver.

Walthamstow District Nursing Association.

Sister Amy, in asking for some of the clothes advertised by a correspondent last week, writes very appealingly of the present poverty in Walthamstow. "The poverty here is heartrending, and is not known because the people do not shriek out their trouble as in some of the other districts. At the present moment I know two cases of educated men (one suffering from varicose veins), both helpless and starving through illness and want. This Unemployed Act will not, I fear, help the women and children, and it will never reach those who are unemployed through sickness and weakness, consequent on want. Personally, I do not know where to turn for help. We have very few middle-class, and no gentry in this district. It is wonderful and pathetic to see the hopefulness of some poor creatures who willingly give up their last penny to help a neighbour who is ill. No one ever knows real unselfishness till they mix with the *respectable poor*." Perhaps some of our readers would draw the attention of their friends to this letter.

We are glad to learn that the trouble with the local medical men, to which we alluded some weeks ago, is blowing over, and that one by one the doctors are beginning to appreciate the good work of the Association.

Thrift for Nurses.

"Nurses in Council," at the Trained Nurses' Club, discussed last week the subject of "Thrift," upon which Miss C. J. Wood gave one of her always invigorating and outspoken addresses. She spoke of the need that there is for nurses, as for all other independent working women, to understand for themselves something of business matters. They should, she said, be able to read intelligently the money-market columns in the daily papers, and master the meaning of such things as stocks and shares.

Incidentally Miss Wood spoke of the desirability of women who were themselves ratepayers understanding something of questions municipal, alluding to the municipal extravagances of the present time, which she held tended to create artificial rates of wages, and to impose unnecessary burdens on householders. Miss Wood's talks to nurses are always full of common-sense and sound business knowledge, and her advice to them on this occasion to be "thrifty," in the best sense of that word, was listened to with deep attention and interest.

Private Nursing.

Nurses are apt to put down the strictures of "lay persons" upon their methods and ways, more especially when the nurses concerned are carrying on their avocation in private houses and the complainants are their employers, to the "invincible ignorance" of the untrained. The lay man or woman, on the other side, in searching for some reason to account for the unsatisfactoriness of many private nurses, is inclined to think that the nursing training of the present day has much to account for in the matter. A correspondent has lately had an opportunity for studying (as an outsider, and fortunately not as a patient) the ways and doings of the modern private nurse, of what would be considered good training, and many years' standing in her profession, and the conclusion arrived at is not a very flattering one to average hospital training. The nurse who bounces into a patient's room, discusses symptoms openly before nervous invalids, does not hesitate to break in for any trivial reason upon the midday doze that means so much to many sick people and convalescents, and generally contrives in a dozen ways to exercise an irritating effect upon the patient, has not mastered the A B C of her trade, no matter how excellent her certificates, or how extensive her technical knowledge. That very little regard is often paid to the finer feelings of hospital patients is too true, and nurses trained in wards where the smaller refinements of nursing are not practised, and who may not have a natural and instinctive power of adapting themselves to circumstances, or who have not the unselfish character that alone really makes for "good manners" (when consideration for others teaches them better than any training can do), find themselves anything but welcome in a private house. Nurses, indeed, might more often take to themselves those words of one William Shakespeare—"For manners are not idle, but the fruit of loyal nature and of noble mind." But it comes back to this, that ordinary hospital training does not constitute a sufficient education for private nursing. It would be a good thing for the public if every hospital had its private paying wards, where a thorough drilling in the *amenities* of sick nursing would put a coping-stone on the education begun in the general wards.

An Un-ideal View.

A comment on nurses of fifty years ago, curious as coming from a woman, is to be found in the recently published "Life of Lord Granville." Lady Palmerston, it is stated, thought the Nightingale Fund "great humbug," and had a sympathetic feeling for the old-time nurse. She expresses it rather ungrammatically:—

"The nurses are very good now. Perhaps they do drink a little, but so do the ladies' monthly nurses, and nothing can be better than them. Poor people, it must be so tiresome sitting up all night, and if they do drink a little too much they are turned away, and others got."

This view of nurses and of their profession is a very unedifying one, and had it been universally held, we might never have seen the elevation of nursing to the splendid and deserved eminence which it now occupies.

Beauty and Work.

The imaginative writer of a paragraph which has been going the round of the provincial papers, has some comfort to offer to those women who work, and who may be afraid lest toil and thought should detract from their good looks. She (or is it "he"?) quotes the personal charms of "three of the most eminent lady doctors" in support of the theory that an active life is rather a source of beautification than otherwise, the three in question being "Mrs. Fenwick, for some time matron of Bart's.," "Dr. Lilias Hamilton," and "Mrs. Scharlieb." The first-named has not, of course, any medical qualification, though activity is an attribute no one will deny to her, and for a "strenuous life" perhaps no better examples could be found than these ladies.

Nurses, by the way, taken as a class, are quite remarkably young-looking. In a public room a little while ago the writer had an opportunity of observing a number of "Queen's Nurses" in a group, and comparing them with "leisured" women of similar ages, much to the physical advantage of the former. Is not the reason to be sought in the fact that those who are busy working for others have no time for brooding over the very small matters which are apt to fill idle women's minds, and that a well-filled, useful life reflects itself in the countenance, is an antidote against those lines of discontent or self-indulgence which disfigure many a face before its time, and, tending for the most part towards health, is its own reward even in the comparatively minor matter of a pleasing appearance?

Verminous Children.

Dr. Myer Coplans, Medical Inspector of Schools to the Gloucestershire Education Committee, has just issued a report on the condition of the school children under his care. He has given special attention to the question of the liability of children to contract infection in school, and he gives some interesting results of his examination. In the list of contagions from which the children suffered, "vermin" was an easy first. Out of 6,652 children examined, 238 were verminous and 670 had eggs of lice. Under non-

tagious, we find 570 children had dirty heads. Now, in popular phraseology, a "dirty head" means a verminous one, and it would be interesting to know what is precisely meant by the expression in this report.

Children whose heads are verminous are to be found in practically every elementary school, and the few infect the many. Dr. Myer Coplans says, "It is a matter of regret that the law, which compels the presence of the children at school, at almost all cost, does not impose a penalty for those parents whose offspring are knowingly and willingly sent to school while suffering from parasitic and contagious skin disease." But if Dr. Coplans is right about the law, how are we to account for the successful prosecution of exactly such parents by the London County Council? Cases, too, of children whose clothing was infected improve wonderfully after a visit from the N.S.P.C.C. inspectors, who regard such neglect as likely to cause unnecessary suffering to the children, and who find magistrates to agree with them.

In Zurich the practical Swiss deal with the problem in a common-sense way. When a child's head is verminous, the child is excluded from school and directions are given for the cleansing. If, after some days, the school doctor pronounces the head still to be dirty, no time is lost in giving further directions. The municipality send down an official to clean the head! This official is a woman attached to the Sanitary Department, and she cleans the head in the presence of the parents, and the child returns to school. The operation is performed at the expense of the municipality, but should the same process ever have to be gone through again, the parents have to pay the cost. An ounce of practice is worth a pound of theory, and the parents are left without an excuse for further neglect. Perhaps Dr. Myer Coplans would like to give the plan a trial in Gloucestershire?

Doctors and Nursing.

The occasional misunderstanding between doctors and nurses is in great measure due to the ignorance on the part of the former of actual nursing, its difficulties, and its requirements. It is obvious that a medical man with his mind intent on technical matters cannot observe all the little points in nursing work. This condition has led to a very striking innovation at Guy's Hospital, where the head nurses are to instruct the medical students in the nursing side of the work, and the students, as they become graduates, may be expected to have a full and sympathetic knowledge of nursing and its difficulties.

Miss Ramsden writes that she was trained at the Edinburgh Royal Infirmary, was assistant matron at Marylebone Infirmary for ten years, and has been matron for six years. The lady who has been sister at the Marylebone Infirmary for twenty-five years is Head Nurse Kent, who came originally from St. Thomas's Hospital.

MEDICAL NOTES

Renal Dropsy.

A NOTABLE case of recovery, one of those which help to make a nursing life worth living, was recorded in last week's *Lancet* by Drs. H. D. Rolleston and J. Attlee. The case, one of parenchymatous nephritis, first came under treatment early in March. There was then œdema below the knees, with scanty albuminous urine of low specific gravity. During the next three months, in spite of active treatment, the patient grew steadily worse. By June 5th the dropsy had become extreme, the face alone being free from œdema, the urine remaining as before. Caffeine citrate was then tried, and improvement immediately began. The urinary excretion augmented, reaching in three weeks a maximum of seven and a half pints, while the dropsy lessened so rapidly that by June 30th nothing but a slight trace of pitting about the ankles remained. The amount of albumin was then small, and a few days later the treatment was stopped. Examined again four months' later, the patient was found in excellent health, in active work, free from œdema, and passing urine of fair specific gravity, and containing a trace of albumin only. The striking nature of this cure is best brought home by a record of the patient's weight changes. His normal weight was about 11st.; what he weighed on June 5th is not known, but about a week later (œdema then having already lessened) he weighed 13st. 8lb. A fortnight afterwards he weighed less than 9st., increasing a little later on as he regained condition. Losing, therefore, his bloated, unhealthy bulk at the rate of 4lb. a day, this man passed into a state of comparative health in considerably less than a month.

Snake Bites.

Dr. Leonard Rogers, of the Indian Medical Service, has recently[1] recorded some fresh instances of the successful use of permanganate of potash in cases of snake bite. In applying this treatment, the first step should be to place a tight ligature on the limb, as far as possible above the bite, and then incise the bites crosswise with a lancet, so as to open them up and make access to the bottom quite easy. The cavities are then filled with small crystals of permanganate of potash, and after a few hours the ligature can be removed.

This treatment, by which a good many lives have now been saved, was originally recommended by Sir Lauder Brunton, Sir Joseph Fayrer, and Dr. Rogers himself. The former invented a small instrument having a lancet at one end and a small box at the other, to contain the permanganate crystals, which was put on sale in India at a low price in order that all those residing in snake-inhabited districts might have the means of treatment ready to hand. The treatment, besides being apparently very successful, has the advantage of being suitable for employment by any in-

(1) *British Medical Journal*, November 11th, 1905, p. 1290.

telligent person. In one indeed of the last two cases recorded it was applied by a layman, who had merely seen a reference to it in a newspaper. It seems probable that permanganate crystals would be equally useful in poisonous bites of any description.

Quinine in Malarial Fever.

In Colonies where malarial fever is endemic, practically everyone takes quinine habitually as a prophylactic. Hitherto the practice has been of a somewhat haphazard character, but Dr. St. George Gray,[1] of Sierra Leone, in a recent paper, has now described a method of taking the drug which has the advantage of being based upon a definite system. Instead of taking 5grs. every day, or every other day, as do the majority, he takes 10grs. every tenth and eleventh day. This plan is based upon the knowledge: (1) that after a malarial parasite has gained access to the body of a human being a week or ten days are required for it to multiply sufficiently in his blood to cause fever; (2) parasites are most readily killed by quinine when in the spore stage, or, in other words, just after the termination of the life cycle of the parent. This lasts forty-eight hours; sporulation then takes place, and the fresh young parasites or spores are set free in the blood.

This being the case, Dr. Gray calculates that if a full dose of quinine is taken on two successive days, with an interval of eight or nine days before the next two doses, the parasites will always be destroyed before they can cause fever, while the patient will escape the unpleasant effects of constantly taking quinine. The theory seems sound, and, in any case, Dr. Gray has dosed himself on these lines for two years, and never had an attack.

Perforation in Typhoid Fever.

Two American authors, each basing his opinions on the study of a comparatively large number of instances of perforation of the intestines in cases of enteric fever (fifty cases and thirty-two cases), have recently expressed closely corresponding views. They agree that the earliest and most constant and reliable symptoms of perforation having occurred are sudden acute pain, local tenderness, rigidity of the abdominal wall, and respiration of the thoracic type. A falling temperature is the rule, but often is not to be observed for several hours; nevertheless it is a symptom of sufficient importance to make it desirable to take hourly records whenever possible perforation is in question. As a rule, the respiration rate rises, but the pulse often remains stationary, and the chart as a whole may for many hours scarcely change in character and offer but little assistance in diagnosis. As for the patient's general appearance, one author says it was often not helpful. He usually did not find what is known as the *facies Hippocratica* until at least ten hours after perforation had occurred. Nevertheless, it is fairly certain that an observant nurse would instantly be put upon the alert by something in her patient's appearance before receiving any complaint of pain. As for the latter, it may be made to disappear for a few hours by hot fomentations or an enema, but the tenderness still remains.

(1) *British Medical Journal*, November 11th, p. 1289.

Prognosis in Typhoid.

Polyuria is a common occurrence after the majority of febrile disorders, and, according to Dr. R. M. Simon,[1] one of the physicians of the General Hospital, Birmingham, may be turned to good account in connection with typhoid fever. During the height of the disease the amount of urine passed each day is materially diminished; it may drop as low as 30 ounces. Towards the end of the fourth week the amount commonly rises rapidly, a condition of polyuria or excessive urinary secretion being established. Dr. Simon considers that observation of this phenomenon offers valuable assistance in forecasting the future of the case. He has never seen a case in which, after polyuria had commenced, either serious intestinal hæmorrhage or perforation has occurred, while, in addition, relapses of a serious character have likewise been lacking, and no case has ever ended fatally. Even if other symptoms are severe and threatening, the existence of polyuria may be held, in his opinion, to counterbalance them, and a favourable prognosis be given. On the other hand, if the urinary secretion remains constant and polyuria fails to come on, the forecast, even if all other symptoms are favourable, should be guarded and the case continue to be treated with extreme caution. He suggests, therefore, that in every case of typhoid fever a careful record should be kept of the amount of urine passed each day, by way of providing material for a prognosis of the course of the disease in its later stages.

Granulating Surfaces.

An attractive suggestion for a new form of surgical dressing comes from South Africa.[2] Primarily it is intended for those cases in which injury or operation results in an exposed surface which can only heal by granulation, but it seems as if it might sometimes be adapted with advantage to the circumstances of ordinary operation-wounds. The usual lint and ointment applications for the former class of sore have the disadvantage that the lint soon becomes septic, and frequent dressings are necessary, while the removal of the lint is painful and causes the granulations to bleed. The growth of the latter, moreover, is irregular; some are redundant and require to be rubbed down. Instead, therefore, of using lint, Dr. J. L. A. Aymard, the author of the suggestion, covers his wounds with a simple sheet of window-glass of the thickness known in the trade as 21-ounce glass. He chooses a piece sufficiently large to overlap the wound well all round, smears it with ordinary carbolic oil, presses it firmly on the granulating surface, tucks a little absorbent cotton-wool under the edges (which he grinds smooth on an ordinary

(1) *British Medical Journal*, November 18th, p. 1329.
(2) *Lancet*, November 18th, p. 1468.

grindstone), and placing a lightly-padded splint on the opposite side of the limb, fixes the glass, first with strapping and then with an ordinary bandage. The glass can be removed as often as desired without any pain or bleeding, but he thinks it may be left with advantage in place, progress being watched through its surface. He prefers not to irritate the surface by mopping, and finds that while granulations are kept level by the pressure, healing proceeds much more rapidly than under other treatment. More seems likely to be heard of this method of wound-dressing, and, as he suggests, manufacturers may be expected to come forward with plates of different sizes and curves suitable to different parts of the body. If applied to wounds which it is hoped may possibly heal by first intention, the method would resemble in some degree the tinfoil dressing which a few surgeons employ in operations for the cure of radical hernia. Granulating wounds are so often regarded as "nurses' cases" that permission to experiment with a glass covering could probably be obtained easily by any nurse interested.

X-rays and Cancer.

A case of mammary cancer, recently narrated by Mr. Marmaduke Sheild and Dr. Lewis Jones,[1] is of more than passing interest. The disease, when the patient first came under observation, was already far advanced, and although the operation by which it was removed was of the modern radical character, signs of recurrence appeared very quickly. Within a few months only of the original operation, scattered nodules of new growth were removed on three separate occasions. Others soon became perceptible, but further operation was impossible; there were too many cicatrices, and the patient's health had gravely deteriorated. X-rays were then applied by Dr. Lewis Jones, twice a week for the first two months, and afterwards once a week only, "soft" or "medium" tubes being used, with a current of 0.5 to 0.8 milliampères. No dermatitis was caused, and very little pigmentation, while on the morning of each application the patient was given quinine hydrochlorate grains v. In three weeks' time improvement in the patient's condition was already obvious. It steadily continued, and when Mr. Marmaduke Sheild again examined her six months later the change was very remarkable. She had put on weight, was entirely free from pain, and had so far regained strength that she was able to walk distances of several miles. Locally the alteration was equally marked; all signs of cancer had disappeared, and the cicatrices, growing supple, had taken on something of the appearance of normal skin. It is still not certain that there are no metastases too deep-seated to be affected by the rays, so the final issue of the case remains in doubt. Nevertheless, as it stands, it is a striking instance of the assistance which the rays may give in highly skilled hands, in inoperable cases, and is rendered the more impressive by the personality of both the observers.

[1] *Lancet*, November 18th, p. 1464

A Queer Remedy.

"Yes'm," said a poor woman to a sympathetic inquirer after her husband's health, "he be very bad; his lung do rise up in his throat at night, it a'most chokes him, though he does take a couple o' shot every night to keep it down." Further conversation elicited the fact that this remarkable remedy was really swallowed nightly, apparently under the impression that the weight of the shot had some restraining influence on the too active "lung." In the case in point it is interesting to trace the real cause and effect. The man was suffering from neurasthenia, and the "lung rising in his throat" was possibly due to *globus hystericus*; the "shot" remedy, probably part of a tradition of his youth. A nurse of much experience has known cases where a number of small shot formed a regular substitute for a more orthodox aperient, and has seen quite a respectable quantity swallowed by a gamekeeper with no more concern than if they were bread pills!

THE MEDICAL JOURNALS

Some of the chief articles not commented on above:—

The Lancet, November 18th.

The Pathology, Affinities, and Treatment of so-called Bleeding Polypus (Discrete Angeioma) of the Septum. By L. Hemington Pegler, M.D. Edin., Surgeon to the Metropolitan Ear, Nose, and Throat Hospital.

Bier's Osteoplastic Amputation. By J. Hogarth Pringle, M.B. Edin., F.R.C.S. Eng., Surgeon to the Royal Infirmary, Glasgow. (Illustrated.)

A Case of Vesico-vaginal Fistula followed by Hæmatometra and Pyonephrosis. By John Phillips, M.A., M.D. Cantab., F.R.C.P. Lond., Obstetric Physician to King's College Hospital.

The Position, Use, and Abuse of Mental Therapeutics. By J. W. Springthorpe, M.A., M.D. Melb., Physician to the Royal Melbourne Hospital; Lecturer in Therapeutics, &c., to the University of Melbourne.

A Case of Gastric Tetany; Gastro-enterostomy; Recovery. By William A. Mackay, M.D. Edin., F.R.C.S. Edin., Consulting Surgeon, Rio Tinto Company; and Ian Macdonald, M.D. Edin., M.D. Paris, Consulting Surgeon, Pena and United Alkali Companies.

Diphtheria in a Patient 79 years of age, with Subsequent Freedom from Old Gouty Symptoms. By Joseph Birt, M.R.C.S. Eng., L.R.C.P. Edin.

The Action of the External Muscles of the Eye, and the Diagnosis of Ocular Paralysis: Professor Elschnig's Diagram. By Duncan Matheson Mackay, M.D. Edin., Clinical Assistant, Royal London Ophthalmic Hospital, &c. (Illustrated.)

British Medical Journal, November 18th.

Clinical Remarks on the Operative Treatment of Simple Fractures. By W. Arbuthnot Lane, M.S., F.R.C.S. (With Special Plate.)

Operative Interference in Fractured Clavicle. By Surg.-Captain H. N. Taylor, M.D. Dub., F.R.C.S. Edin.

A Case of Congenital Synostosis of Both Upper Radio-ulnar Articulations. By S. Hamilton, M.B., B.Ch. (Illustrated.)

The Influence of Posture on the Normal Cardiac Sounds and on the Normal Cardiac Dulness. By William Gordon, M.D., F.R.C.P. (Illustrated.)

An Aid to Prognosis in Typhoid Fever. By Robert M. Simon, M.D., F.R.C.P.

A Note on the Production of Diarrhœa by the Bacillus Prodigiosus. By Louis C. Parkes, M.D.

Further Observations on Parangi (Yaws). By A. Castellani, M.D. (Illustrated.)

A Case of Traumatic Asphyxia. By W. Sibbald Robertson, M.D., Ch.B.

THE RESPONSIBILITIES OF THE MATERNITY NURSE

By F. Cavanagh, M.B., Ch.B., F.O.S. (Edinburgh).

II.—The Infant.

It is quite certain that the legislation in regard to midwives came none too soon, and there is now some reason to hope that the lying-in room will cease to be, as it was so often in the past, the arena during a fortnight for the conflict of nurse and doctor. And, believing as we do now, that environment is the chief instrument in moulding development, it is the more important that the first fortnight of a child's life should not be warped. We do not know how far a child may be described as intelligently conscious at this stage, but we do know that, even at this early period of existence, it is quite capable of forming habits, and that on the goodness or the badness of these habits will depend greatly its own and its mother's future comfort and happiness.

That "the hand that rocks the cradle rules the world" is quite true, but the hand concerned is at first that of the nurse and not the mother. The power of the nurse at such a time is immense, and especially in the case of the first-born. True, she is under the instructions of the medical attendant, but for the seconds of his direct control she has hours, and wields a proportionate influence. Conceive for a moment how far-reaching this may be in the case of a young mother with her first child. Here are the two individuals whose value belongs to the next generation, both at the most teachable stage of their lives, for maternity is as new and strange to the mother as breathing is to the child. Each is anxious to learn, and each will learn, with the nurse as teacher. An undisciplined home, noisy children, a shiftless mother, and a worried, irritable husband, are often as directly due to the failure of a nurse in her duty as is rickets in an improperly fed baby. It is as much the duty of a nurse to inculcate and enforce the necessity of discipline and habit in the first few days of life as it is her affair to see that the child is properly fed. If this were only thoroughly understood, spoilt children and "child-pecked" or "chicken-pecked" mothers would share the fate of other remnants of the dark ages and disappear.

To remove the nipple from the mouth of a sleeping child that has just finished a meal seems a small matter, and often the mother would prefer to let the soft lips remain. But if it is not done, see what happens. In three days, at most, a habit is acquired of keeping something almost continuously in the mouth, and when the mother begins to find out that it is, after all, not an unmixed joy to have the child eternally at the breast, and endeavours to break the habit, the indignant shrieks of her baby will soon break down her resistance, and the child gets the nipple, or that abomination, the india-rubber teat or "dummy." It is no more good for a child to be everlastingly chewing and sucking at its dummy, than it is for a man to be chewing tobacco. The overstimulation of the child's salivary glands is bad for its digestion, and the impossibility of keeping the implement clean, even when often changed, is a common cause of summer cholera. Many a child, dead in summer, would now be alive but for the officious friend or badly trained nurse who first put the dummy in the infant's mouth—to soothe it! First the child is unnecessarily irritated by trying to break it of a habit in which it was encouraged, and then it is killed by the remedy for the irritation.

This question of soothing is a very important one for, as a rule, a healthy child cries only when it is hurt or hungry. It is well to remember, however, that the hurt may be either to its *amour propre* by neglect, to its stomach by indigestion or overfeeding, or to its skin by a stray pin, &c. At a very early age, indeed, a child begins to realise its own importance, and, with the inherent cunning of early man, it soon associates crying with being fussed over, and, if its first tentative experiment to test its own observation in this respect succeeds, then assuredly it will try again and again. The roots of egotism and love of flattery soon take firm hold, and a single week of yielding to this demand for nursing, rocking, &c., &c., will build up a habit again. Here once more the sensible nurse is worth more than rubies. When the infant is not being fed, it should be firmly directed to its own business, and that business is sleep—sleep in its own cot (if that cot is only an orange-box), from the very beginning. Attention and a little self-denial given to this point mean a better, stronger child and a happier, healthier mother, with no temptation to resort to those poisons, the so-called "soothing syrups."

The matter of sleep at the age with which we are dealing is sometimes complicated by the question of meals, for often at feeding-time, which should be every two hours, baby is asleep. Never mind. Stick to the two hours through the day; give the last meal of the day at ten o'clock and the first at two. The child is not to be fed during these four hours, and if it is still asleep at two is to be allowed to sleep on. It will wake when hunger calls. And while on this point it may be as well to say, with all the dogmatism possible, that the nurse should on no account give the child anything in the first few hours of life. Eight hours, at soonest, after birth, the breast may be given for a little, and after that three or four times in the first two days, while on the third day regular two-hourly meals may be begun; but there is no necessity for the sugar and water, or milk and water, with which so many nurses endeavour to beguile the newcomer. To a normal, healthy child they do harm, and, where anything is really needed in the case of a weakly or premature child, this is best left to the discretion of the doctor, who will certainly not order sugar and water. Nor does

the baby need medicine for "the wind" or its bowels. The first milk of the mother, called "colostrum," will do all that is needed as an aperient, and, in the case of a healthy, breast-fed child, wind can usually be relieved by changing the child's position, as by turning it from its back to lying on the stomach. When the child is not breast-fed that is a different matter, and one with which this article does not deal; in such a case, however, everything that is given should be under direct medical supervision.

The routine of food and sleep having been disposed of, mention must be made of cleanliness and clothes, and to ensure the first a morning and an evening bath is necessary; the water should be at blood heat, and the soap used a superfatted one. It should not be necessary to say that the cord must be kept perfectly aseptic, and one dodge used by the old school of Sarah Gamps is worthy of mention. It was to burn the hole in lint or other dressing through which the stump of the cord was placed; and in slum surroundings, such asepticity nearest the skin and separating cord was not to be despised. It is needless to add, surely, that separation of the stump is to be left to nature and not assisted by pulling.

Clothing, so long as it is loose, light, and warm, may be left to taste or convention, but these three points must be enforced. To swathe a child tightly in fold after fold of cotton or linen is ridiculous. The ribs and diaphragm must be as free to move as the arms and legs, and no child can develop properly without such freedom.

RESUSCITATION BY MANIPULATION OF THE HEART

THE *Lancet* quotes from an American journal another remarkable case of resuscitation by manipulation of the heart. An Italian coal miner, aged 47 years, was admitted into hospital on June 21st, 1905, about 9 p.m., suffering from a wound of the chest inflicted with a knife or razor. He had lost much blood, and was suffering from severe shock. A hypodermic injection of a pint of saline solution was given, and after thirty minutes he appeared to be stronger. On removing the dressings which had been applied before admission, a wound was found which commenced at the junction of the middle and outer third of the left clavicle, and extended downwards and to the right, terminating about three inches above the right nipple. The pectoralis major and minor muscles and the other soft tissues were severed for the entire length of the wound. The left second, third, and fourth costal cartilages were divided. During respiration a large part of the left lung protruded outside the chest. A small amount of ether was given, not enough to produce complete anæsthesia. The pectoralis major and minor muscles were sutured with catgut. The upper and lower portions of the wound were sutured with silkworm gut, and the third rib was sutured with kangaroo tendon. It was then noticed that the pulse was almost imperceptible. Stimulants were injected and artificial respiration was performed without benefit. Soon the pulse disappeared. With the object of ascertaining whether the patient was dead, Dr. Conkling passed his finger into the wound and through a small opening in the pericardium and felt a perfectly still heart. Then he remembered that it had been recommended to cut down on the heart and to compress it in cases of sudden death from shock. He seized the heart between his thumb and forefinger and manipulated it for a period of from forty to sixty seconds, when he felt it thrill. Then he released it and waited for a few seconds for further action. The nurse announced that she could detect a slight pulse, which gradually gained strength. The opening of the thoracic cavity was quickly packed with gauze, a dressing was applied, the patient was put to bed, stimulants were given, and saline solution was injected into the rectum. During the night the patient remained weak, but on the following morning his condition was fair. Recovery followed. It was difficult to estimate accurately the time which elapsed from the cessation of the heart's action to the commencement of manipulation, but those present at the operation believed the interval to be at least two minutes.

HOME-MADE APPLIANCES.

By Mary Monkhouse

(*Matron of the Ardwick District Nurses' Home*).

THE old idea that anyone was good enough for a district nurse, and that women who had failed in a hospital career could take up this branch of the work on the strength of "some hospital experience," and a clergyman's testimonial stating that they were "Sober, honest, and of good moral character," is, I believe, quite a thing of the past; and now most of us consider that as much skill is needed to be a good district as a good hospital nurse, and certainly quite as wide a general knowledge, both theoretical and practical; and a far greater inventive and adaptive power.

In hospital, if anything is wrong, you ring a bell or call up a tube, and a medical man comes at once to your assistance, and tells you what to do, and, if need be, how to do it (though that you usually know, for you have the traditions of your hospital to guide you).

Suppose you are told to put up a steam tent, you manage it without difficulty, having all the apparatus to your hand. But suppose in a poor house in the district you are told to put up a steam tent, it is a very different matter. Two clothes horses and a couple of blankets is the orthodox district apparatus, but in how many houses can you find a clothes horse at all? And although you may be willing enough to borrow, how many neighbours are possessed of such a luxury? And as for blankets, if you can get one to put on the bed you are lucky.

The best plan in a house where you can get neither clothes horses nor blankets is to place the bed or cot at the least draughty side of the fireplace, close against the wall, so that the wall forms two sides of the tent: then firmly fasten the sweeping-broom (head downwards) to the bottom leg of the bed, the leg farthest from the wall, and tie a piece of string to the top end of the broom, taking it in a straight line and tying it to a nail hammered firmly into the wall; then take another piece of string at right angles, and fasten it to the other wall, thus making four sides to the bed; two being limited by the two walls, and two by the string. It is probable that the broom-handle will fall inwards towards the bed with the dragging of the strings, but this can be stopped by fastening a third piece of string to it, and extending it either to the other side of the room, or to some other convenient point. Another nail must be fixed into the angle of the wall, and a sheet or counterpane fastened to the nails and pinned across the strings, so as to cover the top and the foot of the bed. If the cover is too small, or in too many holes to make a perfect screen, the only thing to do is to take a petticoat, apron, or any other garment you can lay your hands on, and pin it where it is needed. I have seen strange-looking make-shift steam tents, but they have acted their purpose very well with the aid of a piece of tin tubing fixed on to the spout of an ordinary kettle.

In some districts a good many operations are performed, and they appear to get on just as well as similar cases treated in hospital.

In operations where the lithotomy position is required, but where the surgeon does not bring a crutch, I have found of great assistance a roller towel (with the seam unpicked) passed under the patient's armpits, and the right end of the towel round the patient's right leg, above the knee, the left end being placed in the same manner round the left leg, and both ends drawn up and fastened at the right angle.

A HOME-MADE SPLINT.

ANOTHER STYLE OF HOME-MADE SPLINT.

It needs a good deal of ingenuity sometimes to arrange an ordinary cottage bedroom as an operating theatre; and a good deal of tact and patience to make an ordinary labourer's or artisan's wife understand your orders and carry them out, without trying methods of her own, or of some clever neighbour who knows everything.

It is the clever people I dread, though the superstitious ones are also a great hindrance to work. There was a town in Scotland where I worked which had a superstition that if a woman had her hair combed or was washed within seven days of her confinement she would die. I had a collier's wife to nurse in that town. I had managed to wash her all right several times, when the husband interfered and said he would not allow her to be washed. I told him I must give up the case then, I could not attend her unless I was permitted to do so properly. He did not want me to give her up, but he explained he was so anxious because his first wife had died after her confinement. "And was she washed?" I asked.

"Well, no, she was not washed."

"Perhaps," said I, "if she had been she would not have died."

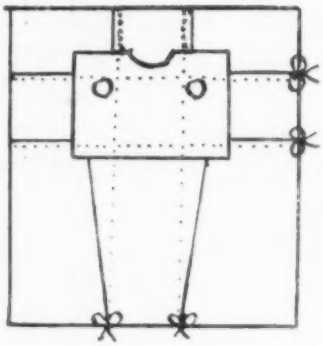
The answer apparently impressed him, and he

allowed me to have my way, though he was evidently anxious. So was I, for if anything had gone wrong with that case, it would have confirmed the old superstition. But the woman made a good recovery, and other women applied for my services when they found it was possible to be kept clean and comfortable without endangering their lives.

A great part of a district nurse's work is, of course, among chronic patients, and she usually has a large proportion of tubercular cases, especially children.

The Thomas's splint is a very useful one, and is well adapted for home treatment, though no unskilled person could put on either a single or double Thomas's without doing more harm than good.

Another mode of treatment for spinal cases is to place the child on a flat board covered with a thin mattress, to put the child's arms through a



sort of backless waistcoat with eight tapes attached, passing the tapes under the board, and tying them according to the diagram (the dotted lines representing the course of the tapes under the board), while sand-bags placed at each side prevent the child from wriggling round.

A doctor I knew did rather a fine thing in the way of extemporising an appliance when he had not got one. It was night, and he was performing tracheotomy on a Boer child in a canvas marquee by the light of a couple of candles, when it was discovered that there were neither brushes nor feathers. The doctor, nothing daunted, dashed out of the marquee, and in a few minutes returned with a bunch of cock's feathers in his hand, while a great deal of cackling and commotion could be heard outside. He had rushed to the nearest tent where fowls were kept, and had seized a rooster and helped himself to the feathers of the unfortunate bird. The feathers were at once disinfected and used, and the child made a good recovery.

I have seen a very good arm splint made of a newspaper placed in corrugated folds.

It is in the power of adapting such simple material to the needs of the moment that a district nurse so often excels even the best-trained hospital nurse.

NURSING IN THE SCILLY ISLES

For those who, weary with work and responsibility, seek rest and refreshment for body and soul, Scilly remains an ideal spot. "Far from the madding crowd," dotted about in a sea of Mediterranean blue, these islands possess all the elements of soothing and healing which Nature can bestow upon her world-worn children. Dazzling beaches sloping gently to the south, lapped by crystal-clear water; sheltered nooks and pools, where many-hued anemones and all the wonder-world of sea-creatures wait for each returning tide; long, lonely downs where the bracken and heather and honeysuckle exhale their perfume into the balmy air; and the grim granite rocks facing the great Atlantic which breaks upon them with its restless roar, flinging its spray like fountains into the sunlight.

Every summer a certain number of people staying in Penzance or the neighbourhood take the day-trip to St. Mary's, in the "Lady of the Isles" or the "Lyonesse," which ply to and fro between the islands and the mainland. Arriving there, dazed and sick with the four hours' crossing, and all unready for the lunch awaiting them at Tregarthen's Hotel, they are rushed off, in sailing-boats this time, to the island of Tresco, to "do" the famous Abbey gardens. Here they are further bewildered with a string of Latin names glibly rattled off by the head gardener (a born Scillonian), as he conducts them through the brilliant mazes of tropical and sub-tropical vegetation of which he is the proud and loving guardian. Then, after a hurried tea, they have to face the long voyage home again, and once more stepping ashore at Penzance they thankfully register a vow that never again will they repeat a visit which remains to them merely a hazy recollection of a direful sea-voyage in a fishy boat, of painful scramblings up and down terrifying ladders, and a generally blurred sense of hurry and misery.

So Scilly remains but little known. And as accommodation is scarce, and the boat-service undeniably limited, it is likely to retain its calm, its primitive life, and its untouched beauty for some time to come. Some few years ago it was brought to the minds of a good many people by Sir Walter Besant's novel, "Armorel of Lyonesse," and the famous photograph, to be seen in so many shop-windows, of "Hell Bay, Scilly," has attracted a few. Of its real history—the story of poverty, danger, and struggle which have produced the hardy, outspoken race who inhabit these islands, and of the legendary lore which has enwrapped this Land of Lyonesse with such an air of poetry and enchantment, it is impossible to speak here. Those who visit Scilly, either for business or pleasure, will find that the present life of its people is inextricably bound up with the past, and in spite of lighthouses and the comparative safety of modern vessels, every

year adds its quota to the number of wrecks on this terrible coast.

The climate is soft and mild, but the strong sea-breezes which sweep the isles on every side are clear and invigorating. The doctor says he has very little need for antiseptics and disinfectants—germs do not develop in that pure atmosphere. But though the majority of the islanders are a sturdy, powerful race of men and women, a certain amount of sickness there is, and some surprise is felt at first by the onlooker at the number of cases of phthisis. Perhaps a visit to the graveyard, where the same family name is repeated again and again, will throw some light on this matter; and on further acquaintance we find that the Scillonians have intermarried for generations, till the little archipelago is filled with Jenkinses, Penders, and Ellises.

Of the five inhabited islands St. Mary's is by far the largest, possessing two hotels, and a busy little harbour and landing-stage. In the flower season (for all the world knows that half of our early daffodils and narcissi come from Scilly) the jetty is piled with boxes to be dispatched by the steamer to Penzance, thence to the principal towns in England. It was the late proprietor, Augustus Smith—the regenerator of the islands as he might be called — who introduced the flower industry into Scilly, and thereby "wrought his people lasting good." But there is one natural disadvantage under which the cultivator must still labour. During the winter, when storm and fog threaten disaster to every vessel approaching these waters, the steamer which is due to cross between St. Mary's and Penzance twice a week sometimes cannot make the harbour for a week, or even fortnight, at a time. Thus many a costly load of flowers, packed ready for departure, is wasted.

A GLIMPSE OF THE SCILLY ISLES.

There is only one doctor for all the islands, and he, of course, lives on St. Mary's. I have tried to give some idea of the dangers of the coast that my readers may realise, in part, the difficulties to be overcome in attending to the sick in such a place. The doctor has his own boat, a strong, well-built little craft, in which he visits the off-islands in the ordinary course of his work. If he is wanted in the night, or if the sea is too rough for a small boat, he must be fetched. But when the messengers arrive—no matter what the weather may be—the doctor will go with them unhesitatingly. Here, as elsewhere, complications of birth arise which are beyond the skill of the homely woman who "looks after" her neighbours at this time, and when it is a matter of urgent need the doctor must be summoned. There is no lack of volunteers for the task. Silently the boat is manned by eight or ten stalwart fellows, and perhaps, after many vain efforts, is launched into the howling storm of a winter night. And never a woman will murmur at her man's going forth on such an errand, though she may watch the long, terrible night through, till the brave little crew comes back with the doctor—all dripping wet and exhausted, maybe, but with one thought only—"Does she live still?"

Some years ago a nursing scheme, after the style of the "cottage nurses'" system, was started as a memorial of the late Mrs. Dorrien-Smith, wife of the present Lord Proprietor of the Isles. The people were to pay an annual subscription according to their means and status, and a couple of nurses were installed at St. Mary's. Though still in existence, it does not seem to have been very successful. The committee is entirely "lay," and probably does not understand anything about nursing or nurses. A cottage nurse, who may do very well in a thickly populated district with two or three doctors within call, is apt to find herself at sea in a place where she is thrown very much upon her own resources, and where she has to wait many hours before the doctor can be procured.

A large portion of the nurse's work lies in the maternity department, but she also has sundry accidents to attend to, the inevitable chronic case of "ulcerated leg," and occasionally a serious illness. When the life-boats are bringing home the victims of a wreck on those iron reefs that surround them, she must help in the arduous task of resuscitation, or in laying out the dead.

Like the doctor, she needs to be ready to face any danger and hardship in order to bring succour to her patient. She has to live on a simple and somewhat monotonous diet, for the islands themselves supply little beyond the necessaries of life, and all luxuries have to be brought from Penzance. She has her seasons of hard work and heavy demand on her strength, but she also has times of leisure in as fair a land as heart could desire.

Ida March.

NURSING THE HOP-PICKERS

By Two Nurses.

I.

Among the temporary industries of our agricultural districts, probably the most extensive, and certainly the prettiest, is the hop-picking, and every year about the end of August, thousands of people come from London and from smaller places nearer to hand, to camp among the hop-fields of Kent, sometimes living in tents, but more often in huts, long rows of which are provided on many of the farms, and often the same people come year after year, and stay in the same huts, so that it must seem quite like a country residence to them.

BIN TO BIN VISITING.

The hoppers bring all that they require with them, except straw for beds and faggots of wood for cooking purposes.

On some farms there are cook-houses—that is, a couple of fire-places with proper chimneys, surrounded by three brick walls, and roofed over. But on many farms there are no kitchens, and faggots of wood have to be placed round the open fires to act as a break-wind, the wind, nevertheless, blowing the smoke in the faces of the cooks, and when it rains heavily the fires are either put out, or the cooks get wet through in their efforts to keep them alight. With these open fires there is no means of drying clothes, and hoppers, as a rule, do not have an abundant supply, so that in these conditions their discomforts are very great.

On fine nights the effect of the fires is extremely picturesque, the light glinting on the sun-browned faces of the men and on the fair hair of the children as they sit around on logs of wood or stools.

If the hops are fine and big, a family of seven or eight persons can often pay its expenses, and return home with £9 or even £14 to the good; but to earn so much all must work steadily and well.

From time to time the "tallyman" goes round, measuring the quantity of hops which have been picked, and entering an account in the hoppers' books; the hops are then collected and taken to the "Oast house," where they are dried over fires, the fires being sprinkled with sulphur to disinfect the hops and destroy all germs. They are then forced down into large bags, and sent away to the storing houses in London, from which they are placed on the market as the demand for them arises.

The condition of the hoppers has, I believe, been greatly improved of late years, but still, I think, more might be done for their comfort.

The sanitary conditions are primitive in the extreme, and in some cases there appears grave danger of contamination to the water-supply; and the water-supply itself is not always sufficient or of a proper quality. Judging from this season, the health of the hoppers is excellent, for, in spite of constant wettings, and, in many cases, no means of drying their clothes, there has been little sickness among them of a serious nature, and they look well and hearty, though their spirits as well as their clothes have been considerably damped by the almost incessant rain.

Their ever-increasing orderliness is accounted for in two ways; first, there has for many years been a "Hopping Mission," and educated men and women have gone among the hoppers, and organised entertainments for them, provided for their proper treatment in case of illness or distress, and generally exercised a civilising influence over them. This year there are over seventy workers from this mission, nineteen of whom are trained nurses. Of these workers some live in lodgings near; others in tents or huts on the hoppers' camping-ground, sharing the pleasures and discomforts of camp life with the people. I fear this year it has been mostly discomforts, for such a wet season has not been known for at least fifteen years, and although there has been a good crop, in many fields the wet has spoilt the hops, and they are not worth gathering.

The other method by which the best and quietest people must eventually predominate is a method of the employers, who, when they pay off the hoppers, give a ticket to those who have behaved well, but none to those who have not behaved properly; the next year any old hand applying must produce his ticket, or he will not be received on the same farm again.

Some years ago, when engaged in nursing work in the East-end of London, I was brought into close contact with many of the hoppers. I have seen the white-faced, delicate children go out of the overcrowded London districts so weak and ill that I never expected to see them again alive, and a month later I have seen the same children return from the hop-fields of Kent looking so brown and well that I have passed them by as

strangers, and could scarcely believe that they really were the same children. One little girl I particularly remember, a poor, strumous child, who had been ill for months with empyema. It seemed to me at the time absurd to take such a child out to camp life, but I did not discourage the mother from taking her, because, for one reason, I knew it would be useless, and I thought she might as well die in the clear air of Kent as in the squalid streets of Limehouse. When she returned, no longer needing a nurse's care, I realised what a wise woman her great, coarse, ignorant mother was (the mother, by the way, was one of the finest fighters in Limehouse).

Very young babies are quite common among the hoppers, and sometimes they are actually born in the camps. Occasionally these babies are christened in the nearest church, and one such christening took place while I was among them. The people called it a "hopping christening," and it had a feature which is absent in other christenings, for the baby was enveloped in a robe of hops, the hops being carefully woven together.

When the clergyman asked what was the name of the child, he was told "Plain 'Arry." And speaking of names reminds me of one little hopper I met who went by the distinguished name of Paul Kruger, "because he was born during the Boer War," and when I heard his mother calling, "Kruger! Kruger!" I could not but marvel at the courage of any woman who, during the days of the "Jingo fever," had dared to call her child by such a name.

M. M.

II

The Diary of a Hop-pickers' Nurse.

Wednesday.—The vicar's wife is at the station to meet me—the hoppers' new nurse—and I am offered a truly rural carriage in the form of a grocer's cart, but prefer walking and taking in the country round.

At length, about 8 p.m., I arrive at my destination—the village blacksmith's. An interesting young married couple live here, whose sweet little home bespeaks great industry on the part of both.

Thursday.—I awake to hear the hop-pickers passing to and fro along the road in front of my window. It is about 6.45 a.m. The field opposite the house is already well-nigh cleared. I go downstairs to find an inviting breakfast prepared for me in a cosy sitting-room. The garden outside is thickly covered with flowers in the good old-fashioned country style. About 11 a.m. finds me starting for my first day's work. I meet the vicar's wife, and one of the lady-workers at the Court Lodge Room—a temporary building used as a parochial room.

At the further end of the iron-room, divided off by the partition, is the doctor's consulting room, where, during the hop-picking season, he sees patients daily from 12 to 1 p.m. The "pickers'" breakfast hour is from 7 a.m. till 8 a.m., and as a rule they leave off work about 6 p.m., so I arrange my hours for dressings, &c., accordingly. The season is but young yet, so there are few patients. They start arriving on Friday at 7 p.m., and are most grateful for what little you can do for them.

Saturday.—I awake about 5.45 a.m. (my usual time from now), and arrive on duty about 6.40 a.m.; but I am twenty minutes early, so must go along to the coffee stall for some refreshment before starting work. At evening a few more patients arrive, and among them one nice "old daddy," who says he has a bad leg from "icseme." The people at the coffee stall are kept busy. This spot seems to be the central meeting-place for all the hoppers. Some say they are not earning much money this hopping. The hops are trained on wires instead of simply on poles, and they find them more difficult to pick. Formerly they uprooted the pole entirely; now they have to cut down their bins from the wires. For this purpose they have a very long pole with a short, sharp blade at the end.

As the evening gets darker the pickers walk along the roads in crowds, many whistling and singing; they are quite frightened of the dark country roads.

Sunday.—I arrive at my room about 7 a.m. It is a perfect morning, but there is scarcely a sound to be heard or a creature to be seen. And yet within a few miles there are said to be between 4,000 and 5,000 pickers, and round about the hop-country between 40,000 and 50,000. I wait until the church clock is striking eight, and then, no one arriving, lock up and return to breakfast. There are services in the church during the day, and an open-air service at the church gate at night.

About 1.30 p.m. I have just finished lunch when a choir-boy appears with a note—"Hopper huts—below the post-office to the left—Mrs. Wise—a case of illness." I dress, take thermometer, &c., and make for the direction indicated. Here there appear to be hundreds of people, who seem happy enough in their way. Cooking and washing is going on with a vengeance. Numerous bright fires are consuming faggots or twigs, and there are plenty of pots and saucepans swung on hooks above. One woman passes me with a pot of nicely-cooked potatoes.

After being escorted about, someone is at last found who has heard the name, and my looked-for patient eventually appears. But she is not ill! There has been a mistake. She had brought a delicate brother down for a holiday, and, having allowed him to return to London at his request, had been seeking assistance in the way of money.

A bright day at the commencement, it has now turned out exceedingly hot. About 6 p.m. I go to my temporary hospital again, and the patients appear for their dressings. Having finished, I make my way to the church. The inside service is nearly over, and, while singing the last hymn, the vicar and choir march in procession to the porch gate, the congregation following. Here the service is continued, at-

tended by a larger congregation of hop-pickers and others. It is short and bright, and we have some well-known hymns and a magic lantern.

Monday.—I start as usual and, during the morning, visit sick patients in the square and encampment. The huts here also resemble stables, the beds are simply piles of straw flattened out, and in these huts often a dozen or more people sleep. In one, which was a stable indeed (but a nice new one), I found a baby, who arrived there at the age of eleven days to be introduced to his first hop-picking experience. The encampment is a little further away. There are a number of military tents, somewhere about fifty or more, scattered over a large field, and life here is about the same as in the huts.

In the evening I have my patients again, and after 7 p.m. stay and help in the reading-room. It is simply crowded, and people come faster than accommodation can be found for them. There are about ninety letters written.

Tuesday.—As usual I awake to hear the pickers early. This morning, in addition to my others, I have patients to find on farms quite a long walk away. In the evening I have twelve patients, after which we have our reading and writing again.

As the time went on the junction of roads by the coffee stall at the latter part of the day strongly resembled Petticoat-lane. The whole aspect of the place had a somewhat military appearance. In the square was a large square range of brick fire-places, and this was termed "the cook-house." On Sunday mid-day it was quite worth visiting. Then you could see something like forty fires blazing, and cooking going on *ad lib.*

There was one hut that anybody might have admired. A married couple lived there; the man had come for his health, and they had brought a supply of goods and chattels from London. Their bedroom and kitchen was divided off by long lace curtains; an impromptu dresser was made and curtained either side. They had also invented a table, and arranged a cover over a stack of twigs for a side seat. When I passed, the table was arranged for dinner.

At the upper part leading to this square was a smaller square with a pump almost in the centre, where you might often see the men performing their ablutions in true soldierly fashion.

Saturday, September 23rd, brought the hop-picking season to a close, and at the offices they had a busy time "paying off." This is my first hop-picking experience, and so interesting has it been that I am heartily sorry it is over. I returned home among the hop-pickers.

F. M. E.

The report of the Wilts County Asylum touches on the abolition of sleeping draughts, a reform which will have the sympathy of all trained mental nurses. The necessity for their use is now obviated by the better night supervision of patients.

THE WIDER WORLD OF WOMEN

Not so very long ago we recorded the appointment of lady assistant professors to the classical chairs in Aberdeen University, and we are glad to be able to quote a further acknowledgment of women's ability by the recent elections of Dr. Anne Mercer Watson and Dr. Laura Sandeman as members of the Medico-Chirurgical Society in that city. They are the first ladies who have been elected members of the Society.

* * * * * *

If we leave aside the profession of teaching, where women have for long done such excellent work, and consider the professions that have been taken up by them later, medicine is the one where they have made the most progress and received the most recognition. They may become members of the British Medical Association, of the Royal College of Physicians, Ireland, the Royal College of Surgeons, Ireland, and the Royal Academy of Medicine, Ireland, and also of the Royal Institute of Public Health. Some years ago the East Anglian branch of the British Medical Association elected Mrs. Garrett Anderson, M.D., as their president. Of the other scientific societies, some admit women to full membership, such as the Royal Geographical Society; some as honorary members only, such as the Royal Astronomical Society, which admitted women in this way a century ago, as far back as the days of the celebrated Caroline Herschel, sister and fellow-worker of the famous astronomer. Other societies do not go so far even yet, but they allow women's papers to be read at their meetings.

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The number of women seeking to attend the lectures of the Women's Medical Institute in St. Petersburg is so large that it will probably be necessary to open supplementary classes.

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Even the domesticated women of Berlin are now anxious to have their clubs, and have warmly welcomed the branch opened there last week of the Lyceum Club, which has been such a success in London. Many well-known people were present at the ceremony, when Miss Smedley explained the objects. The club in the Potsdamerstrasse is beautifully fitted up, and will be the meeting-place for artists, journalists, university and other working women. It is to be hoped that the subscription will be kept moderate, and not, as is the case in London, raised until it is beyond the means of the ordinary worker.

How shall we judge their present, we who have never seen
That which is past for ever, and that which might have been;
Measuring by ourselves, unwise indeed are we!
Measuring what we know by what we can hardly see.

F. R. Havergal.

MARY

By E. Cooke.

"EVENING, Mary," I said, pleasantly.

Mary sat in the easiest chair in the ward, which she had planted by the side of a low table. There was a heap of literature on the table, and by her side an old footstool, evidently intended later on for her untidy, felt-shodden feet.

I had finished settling up the ward for the night. That is to say, I had drawn down the blinds, shaken various pillows, exchanged a few words with the grannies who looked promising, and quelled a tendency to giggle on the part of the juniors, who would, if not judiciously suppressed, I felt convinced, take liberties with a new nurse on night duty. Now I had time to look about me. Mary was my lay helper for the night, and I felt intuitively that she must be propitiated if the ward were to be governed in peace with honour during my term on night duty.

The first thing which impressed me about Mary was her size, and, secondly, the cut of her gown. Imagine a woman at least five feet nine inches in height and girth in proportion, not with a masculine broadness, but a soft feminine roundness, the kind of woman, one felt instinctively, about whose skirts children clung and hung unreproved. And the cut of her gown! Well, it was a workhouse gown of the orthodox blue striped gingham, and it was made in the orthodox workhouse style—fronts and backs the same size and shape, with runners of tape to account for superfluous fulness.

But it was the incongruity of the woman, with the figure and gait of an empress, and the absurd gown and slipshod feet, which touched me at once with a sense of the ludicrous and the pathetic.

She was probably some forty-six years of age when I first saw her, but her hair, though soft and abundant, was quite grey. Her complexion was good, her eyes of a clear, steadfast blue, and her mouth suggestive both of strength and reticence. Just such a woman as this would I choose to nurse me if I were recovering from an illness which has sapped all my energy of mind and body. A woman who never hurried, whose movements were quiet and subdued, insomuch that it rested the eyes to dwell upon her when the days were long, and strength crept back by imperceptible degrees.

By force of circumstances, our acquaintance began unceremoniously, when I requested her assistance in identifying the various cases.

"But, surely," she remarked, as she rose from the depths of her chair and amazed me with her presence—"surely Sister has told you all there is to know?"

"Sister," I observed, "has told me a little story about each patient in the ward. There are forty patients, and I have forgotten how the particular pieces fit in."

So I made my inspection of the ward with the kindest of mentors, though with a growing sense of my own inferiority and childishness. When she returned to her seat by the table, instinctively I arranged the cushions and the footstool.

And so we became friends. My official title of nurse slipped, in Mary's mouth, to the familiar appellation of "My dear." Her calm, imposing personality comforted and sheltered me, for the care of those forty souls weighed upon my spirits. Awake, they were human beings to be managed, cajoled, bribed, and commanded. Asleep, my rule was so absolute and unquestioned that the responsibility awed and oppressed me.

Intinctively I felt that Mary shared this feeling, though we rarely spoke. Once I remarked, "If I were God I should love the world best when it was asleep."

Mary looked a little shocked. My lapses into the unconventional always bothered her. We were, I remember, looking out of an eastern window, which was open to its widest extent, watching for the dawning of the day on the grey horizon. It had been a glorious summer night, heavy and odorous with the scent of the sleeping earth beneath. Now the stars had paled, and the outline of the dusky trees began to be definitely pencilled upon the filmy grey background. Here and there a sleepy bird chirped uneasily, feeling the first faint approach of the coming day.

By degrees little threads of Mary's life had slipped out of Mary's keeping, and grown into the woof of my own. Her air and manner bespoke a life of repression and endurance. Her confidences were rare. I dared not question, but I listened, wondered, and invented, wrongly of course, to fill in the spaces. Incidentally, I learned that for a short time she had lived in a back room in one of the worst slums of R——. "They called me the Duchess of Paradise Alley," she said, smiling.

"Wasn't it dreadful for you," I asked, "living there?"

"My dear," she whispered, "don't you know that you need never see anything you do not wish to see, nor hear anything you do not want to hear?"

I felt, of course, that she was wrong; that, however unwillingly, our lives are woven of the materials which lie nearest. Still, there was food for thought in the idea.

There was a son, I learned. Had I not heard of him? A rising musician. She seemed distressed. I apologised for the defect—she smilingly hinted that it would soon be remedied. His future career swung before my eyes—a dazzling triumph, and his virtues looked out of his mother's eyes. But she herself—her happiness—was the goal of his ambition, as his of hers. It was too human. It forced me for the first time into bluntness of speech. "Why," I asked, "does he leave you here?"

I regretted the moment I had spoken, but I need not have done so. I was still of the earth, earthly—and Mary soared. There were family reasons, grave reasons. Some day he would

arrive, and *another*, and she would resume her rightful position. But for the present——

Next morning I did a mean thing.

"Sister," I said, "who is Mary?"

"Ah!" said Sister, softly, "that I cannot tell you. Her history I know in part. She was, I believe, the wife of a young sea-captain. The ship went down with all hands. The news was brought to her when her baby was a few days old, and cost her her reason. For many years she was in one of the big asylums. Her friends seem to have utterly forgotten her existence. When released, she wandered from town to town, seeking her son and the husband whom she steadfastly refuses to believe dead. Able to maintain herself only by the worst paid kind of needlework, she gravitated always to the slums, and thence—thanks to a severe illness—here."

"'Can't we touch these bubbles, then, but they break?'" I quoted.

"What is that?" said Sister, sharply.

"Nothing," I said, "I was thinking aloud."

HERE AND THERE READINGS[1]

Always in general conversation be sure that you are not informing one who has recently informed you. Men resent the return of their own pet information.

Always when you see rollicking headlines as to vesper legends of the final editions, keep *your* head and give a halfpenny to the nearest crossing sweeper. You will really get more for your money.

Always, if a doctor, recollect that when recommending or extolling a treatment, it is conceivable that a percentage of mankind has recovered in spite of it.

Always distrust new ideas. They are sure to be forgotten stalacites of the caverns of past knowledge, and some Rip van Winkle may remember their origin.

Always be sure to pay your small debts. The little tradesman worries and talks; the larger tradesman writes politely and hopes.

Always remember that the great art of modern domestic life is not to see too much.

Always abuse alcohol; it is modern, up-to-date, and popular so to do. And, having so done, drink the best.

Always, when you recite, be brief. The silence of suffering has its limits.

Always be candid to the candid friend. He will soon cut your acquaintance.

Always pray that the final curtain may descend on your best moment.

Always remember that, in the lifts of the Twopenny Tube is the realisation of the promise that the last shall be first.

Always at dinner suggest a footstool to a woman apparently over thirty-five years of age. Always see that a matron gets one without suggestion. Always remember that *encore jeune* likes to be taken care of.

Always see a joke sedately. Always imply a joke apologetically. Always repeat a joke with authority. Authority is the antiseptic of literary petty larceny.

Always remember that the borrower abuses the lender.

Always when social-scientific subjects are mooted, be a good listener. The desire to be informed is always flattering to a dining professor or a woman with curls.

Always be extremely careful how you acquiesce in any general condemnation. It always pays to be silent on these subjects. Silence is often mistaken for charity.

Always ask your domestic hostess where she buys her tea. You need not buy any, but it is flattery to inquire.

Always praise the smell of the coffee your doctor "does not allow you to drink." Your praise may assist the medical profession by inducing others to drink it.

Always when the vegetables are unduly delayed, glance at your plate disparagingly. It has been known that a modern butler has condescended to hurry.

Always before eating oysters, say to your neighbour: "You are not afraid?" It is a bacteriological compliment to her assumed scientific reading.

Always in conversation state your facts with a jerk; let your theories have plenty of space; they will need it.

Always try to forgive yourself for recalling the fact that between the saint and the sinner there is very little appreciable difference, if you only happened to know everything there is to know of both.

Always stick to the same bootmaker. The day may come when you will want to run painlessly away.

Always pay your doctor's fees at once. The surprise may kill him, but the profession is sadly overcrowded.

Always filter your drinking water. It is the only way to clean the filter.

Always treat the visit of your vicar as an "occasion," the call of the curate as a mere "episode." These nice distinctions of treatment add materially to ecclesiastical discipline, which is not so good as it might be.

Always in matters of current scandal, imply that you distrust the apparently obvious. If the scandal is beyond all denial it will be more economical to consult a physician for an imaginary neuralgia, and so to be hermetically sealed to a too-communicative world, than to become the subsequent recipient of a "lawyer's letter" for a chance remark.

Always study carefully the great art of "when to be a little ill." More social problems arise from always being visible to the carrier pigeons of Society than from almost any other cause.

Always place the correspondence you particularly wish to be impartially perused under your pillow.

Always be sure that mankind is well-fed. To keep a man healthy and good tempered variety of food is needed. Do not encourage him to keep his cheque book at his office. Promises are evening performances, and should be promptly kept. Glamour does not suit the cold morning outlook.

Always try to practise what you preach; but do not stop preaching if you cannot. It is, at least, good practice.

Always recollect, in judging children, that the cow and the chemist are their modern mothers. The bearer of children to-day repudiates any deeper duty.

Always find out, when ill, what is really the matter with you. Your presence at your own *post mortem* will not explain things to you.

Always, if a medical man, leave a telegram to be sent you. If you are enjoying yourself you can say it is of no consequence. If you are bored you can look busy and vexed, and express your infinite sorrow and—depart.

Always—this again is of the nature of advice to doctors—when commencing practice, choose a locality in which the climate will assist your cures. Always be considerate as to fees and attention to the lady's maid—in brushing up my lady's hair, she may brush you into practice.

Always avoid the perfervid. A reputation for level-headed moderation is the greatest social asset a man can have.

[1] From *Always*, by S. Eldom. (C. W. Deacon. London. 1905).

A COUGH MEDICINE

An old lady recently gave me her infallible remedy for colds and coughs, which she has dispensed for years amongst the poor in her village. Cut in slices two white turnips and one beetroot, sprinkle with brown sugar and leave covered for twenty-four hours. Then strain off the juice, flavour with ginger, and bottle. Dose, one tablespoonful three times a day. Taking into consideration the recent discovery that extract of raw vegetables is valuable and curative in consumption, this recipe is worth trying. It is, at all events, safe, pure, and wholesome.

S. F. P.

ALCOHOL IN TREATMENT

At a recent meeting of the Bradford Medico-Chirurgical Society, Mr. William Handcock, the president, delivered his inaugural address entitled "A General Practitioner's Comments on the Demerits of Alcohol as a Therapeutic Agent." He said that although he was not a teetotaler he had not found it necessary for seven years ever to order alcohol in his practice. He believed (1) that drinking among women was much more common than even medical men appreciated, and that it was very frequently due to taking alcohol as a medicine, often to relieve dysmenorrhœa; and (2) that many medical men ordered alcohol as a routine treatment, whether it was in the particular case absolutely necessary or even contra-indicated. In almost every case of emergency brandy was at hand, and medical men were rarely called to cases of unconsciousness in which it had not been given before they arrived, and probably in 99 per cent. of these cases it was contra-indicated. He wished to outline the means of treatment which he substituted for alcohol, and would do so under the three headings of midwifery, surgery, and medicine.

Midwifery.—In prolonged labour, instead of the transient stimulating effect of alcohol he advocated earlier recourse to chloroform and forceps. In post-partum hæmorrhage he recommended lowering the patient's head and raising the foot of the bed, together with the administration of quantities of warm fluid by the rectum, the veins, or the mouth, and, if necessary, hypodermic injections of strychnine. In post-partum febrile conditions he employed local syringing, &c., together with quinine and, if necessary, strychnine.

Surgery.—In surgical cases he deprecated the practice of giving brandy before operations in a routine way. In anæmia due to hæmorrhage he tried to fill the emptied vessels as in post-partum hæmorrhage. Shock he regarded as hæmorrhage into the splanchnic vessels, to be treated by warm fluids and strychnine, which helped to contract the dilated vessels. As regards septic conditions, he quoted Professor G. Sims Woodhead to show that alcohol favoured suppuration by its negative chemiotaxis, and also quoted Dr. Barr's statement that by giving alcohol "the systolic blood pressure is lowered, the systolic output from the heart is diminished, and the cardiac energy is wasted in pumping blood into relaxed vessels."

Medicine.—Passing on to the subject of medical cases the president said that in pneumonia his experience was that most of the uncomplicated attacks never showed any indication for stimulation and, indeed, ran a successful course, very little influenced by drug treatment. The signs of failing heart for which he looked were: facial aspect, lowering of the force and tension of the pulse, and especially its increasing frequency. In such cases he gave from five to ten minims of tincture of nux vomica every three or four hours, or more often if required. Digitalis and strophanthus also had their uses. For pain a mustard-leaf often gave relief, or if absolutely necessary a hypodermic injection of morphine. Since discarding alcohol he had had fewer cases of bad delirium and of hiccough. Repeated sponging with tepid water was of great benefit in reducing temperature, controlling delirium, and producing sleep. Other means of treating sleeplessness included paraldehyde, of which he gave one or two drachms in capsules, and if there was violent delirium, morphine under the skin. With regard to typhoid fever, he mentioned that a lady relative of his who had done philanthropic nursing in the East-end of London had found that almost every case of typhoid fever, mild or severe, and whoever the medical man might be, was treated with brandy and milk right on into the convalescent period. Here, again, he thought the fact that a patient had a certain disease was no excuse for giving alcohol. When in very bad cases stimulants were called for, he agreed with Dr. H. D. Rolleston that nothing answered so well as strychnine. In conclusion, the president described his method of treating heart disease consecutive to rheumatism, and expressed the opinion that the unnecessary use of a drug so powerful for harm as alcohol was not only unscientific but reprehensible.

AN INVITATION FOR TIRED NURSES

"A HOME for Nurses who require rest and quiet after a breakdown," not a "home" in the sense of a charitable institution with fixed charges and many rules, but a beautiful old farmhouse, offered, free, to nurses needing a holiday after illness.

Such is "Parkwood," at Henley-on-Thames, opened two years ago by Mrs. C. S. Henry, as a summer recreation home for children, but offered during the winter, by a kindly thought of the foundress, to nurses. On sending responsible references, the nurse applying is invited, if space permits, to stay for two weeks, an invitation that can be extended at the discretion of the matron, Miss Edith M. Shaw, who is herself a trained nurse. It is not a convalescent home, and offers no medical or nursing attendance. Nurses pay their travelling expenses, washing, &c., and are expected to make their own beds and be punctual for meals. Beyond this there are no rules, and the Home (with a capital H) is really a *home*. Let some of the nurses staying there speak for themselves.

"I have been, for the last two weeks, a guest at the Home, which is situated about two miles from Wargrave,

PARKWOOD AND SOME OF THE NURSES.

on a branch line between London and Reading. It was originally an old farmhouse, but it has been redecorated and furnished with the latest modern conveniences, including hot and cold water and electric light. There is accommodation for six nurses at a time, and from my experience, and that of some of my fellow-nurses, who have been here at different times, the Home is everything one could desire. There are no hard and fast rules. Breakfast is at 9 a.m., and every nurse is expected to be down at that time; afterwards the nurses can do as they like till 1 p.m., when dinner is served; tea is at 5 p.m., and supper at 8.30 p.m. The meals are served very daintily, and the food is everything that could be desired; in short, there is every home comfort. The bedrooms are airy and well-furnished, and there is a general sitting-room, furnished with easy-chairs and provided with a piano, books, and games. Surrounding the house is a pretty garden, and at the back a lovely old orchard."

"The Home is in a very charming spot, surrounded by pretty country lanes, studded here and there with woods. Henley is a pleasant three-mile walk, and Wargrave two and a half miles. This is a very healthy spot, just the place for a nurse who is run down and not in very good health. The interior of the house is very compact and comfortable. The sitting-room (which we

have all to ourselves) is light and airy. The bedrooms are very cosy; the beds are very comfortable, and as we are not called until 8 a.m., we make good use of them and have plenty of rest (which tired nurses appreciate). Everything in the Home is very clean and neat. There are no strict rules here, only to attend meals regularly, and this we find not at all difficult, as we come back from our rambles feeling very hungry indeed. We can do exactly what we like after meals. I have enjoyed my holiday immensely, and I have derived great benefit from it."

"Mrs. Henry's Home, Henley-on-Thames, is situated in a most picturesque part of Oxfordshire, about forty-two miles from London. It is surrounded by lovely woods, and only a short distance from the Thames. The Home itself is a pretty old farmhouse dating back from 1700, and stands in its own grounds. There are croquet lawns and an old-fashioned garden. After breakfast, which is at 9 o'clock, we generally go for a nice long walk, after which we do ample justice to a good lunch at one o'clock. If it is wet, we avail ourselves of the cosy sitting-room, with its library, games, and piano. It is, I think, a most perfect place for a nurse who requires a rest after the rush of the wards."

"I have been staying at this Home for the last three weeks, and my experience has been everything that could be desired. I consider myself very fortunate to have had the opportunity of coming to a place where I have been made very happy, have had every home comfort, and have been treated with kindness and consideration."

MIDWIVES AND TEMPERANCE

DR. ANNIE McCALL took the chair on Tuesday at the inaugural meeting of the "Certified Midwives' Total Abstinence League," held in the Chapter House of St. Paul's Cathedral. The other speakers were Dr. Mary Rocke, and Miss Alice Gregory, lady superintendent of the Home for Mothers and Babies at Woolwich. Before the meeting a visit was paid to the Crypt of St. Paul's, and here the personal guidance of the Dean's daughter was very much appreciated. Over 140 midwives were present at the meeting, most of whom, except those already enrolled as members, joined the League.

Its principal objects are:—(1) To raise the name of midwife. (2) To abolish the custom of alcohol for patient and midwife. (3) To unite midwives in total abstinence work. (4) To improve the motherhood and save the babe-life of our nation. (5) To combat the physical deterioration caused by alcohol. (6) To save others.

Each of the speakers alluded to the national importance of the work of midwives, and the growing recognition of their services. Dr. Rocke contended that the scorn and contumely which Miss Gregory mentioned as always connected with the name of midwife was fast dying out; the Act which came into force this year had given them a distinctive position; they possessed an enormous influence over the mothers, and through them over the lives and health, moral and physical, of future generations. Given 100 midwives pledged as members of the League, each attending only two cases per week, that would yield a total of over 11,000 women brought under their influence in a year.

Besides the cards of membership with the motto "Be strong to save," neat little medallions of one of the della Robbia babies were issued to members. The proceedings wound up with tea, which was most generously and tastefully served in the hall, by invitation of the Dean.

We are glad to see that the Committee of the Dewsbury Infirmary have decided to engage another nurse, owing to pressure of work. At the recent meeting the chairman stated that the night nurses went on duty at nine o'clock in the evening and were not relieved until ten o'clock next morning. The number of out-patients at the dispensary had greatly increased, and the casualties required two nurses from nine o'clock to twelve each morning. Then there was the X-rays department, and the result of this extra work was that several of the nurses were on the sick list. The matron had therefore to devote a good deal of time to the wards instead of superintending the household.

SALVATION ARMY MATERNITY WORK

AT the Salvation Army dinner, which took place on Monday, Mrs. Bramwell Booth, after a brief summary of the twenty-one eventful years since the first small effort, unfolded her heart's desire for the coming year. This was the extension and enlargement of the already existing maternity hospital in Mare Street, Hackney. At one of the tables sat Mrs. Major Sowden, the matron of the maternity hospital, and two of the nurses, who had just obtained their L.O.S. certificates, and were to be appointed regular nurses. A most excellent hostess "the Major" makes, and incidentally an extremely picturesque one, in her dark blue "Army" clothes, with a dark red veil, and little special badges on collar and cuffs. The nurses were in ordinary blue cotton dresses, and exactly like other members of the profession. The conversation naturally turned upon the nurses trained at this excellent branch, and the Major told her guests how the nurses, once trained, were dispatched to all corners of the globe. One accomplished nurse, just on her way to Jerusalem, spoke as many as five languages. The sum demanded by Mrs. Bramwell Booth was £3,000 to work off present debt, and £30,000 for new maternity enterprise.

THE NEW NURSES' HOME, ST. MARY'S HOSPITAL, PADDINGTON

THE nurses at St. Mary's Hospital, Paddington, have at last all settled into their new abode. For a long time the overflow of the nursing staff had to find quarters in two houses outside at considerable expense. But this has been remedied now, and the three top floors of the new wing of the hospital have been handed over to them as the Nurses' Home, which contains 116 bedrooms. Being high, there is no lack of light, and in many of the rooms, as there is a long south frontage, there need be no lack of sunshine. There is, of course, a lift.

The first floor of the Home is occupied, for the most part, by the sisters' and staff nurses' rooms. It has also the nurses' sitting-room and a visitors' room. The sitting-room is a large, beautiful room, with a very wide window to the front, and a smaller one at the end. There is a fireplace at each end, and the floor is covered with oilcloth; the three couches and numerous lounge and easy chairs are upholstered in blue stuff, and the curtains are of the same colour. There is also a piano.

Most of the rooms on the second floor are occupied by probationers, and include a sitting-room, and class-room with library. This sitting-room is very similar to the one below, except that chairs and couches are upholstered in leather. The third floor is given up to those on night duty, and can be shut off from the rest by doors, so as to ensure against any disturbance. The bedrooms are larger than those usually built for nurses; each one has a full-sized window and a ventilator above the door. The floor is covered in oilcloth, and, besides the bed, there are a wardrobe and chest of drawers combined, a dressing-table, a marble-topped washstand, a writing-table, and a couple of chairs. The passages are in cement, and are well supplied with radiators, and the blanket and linen rooms have hot-water pipes running beneath the shelves. Each floor has five bath-rooms, seven lavatories, and several sculleries, with a gas ring for the tea-kettle. A rather unusual, but very useful, addition to the Home is a shampooing-room, fitted with the latest appliances for sprays, streams, &c. There is also a well-ventilated box-room.

The whole building is lit with electric light, and an outside stair is at each end of the corridors in case of emergency. The greater part of the roof is flat, and it is hoped that in suitable weather the nurses will make use of it as an open-air sitting-room.

Mrs. Inglis, of Wellogate Bank, Hawick, bequeathed the interest on £2,000 to the Hawick Cottage Hospital and Public Nursing Association.

The Uxbridge District Nursing Association have engaged a permanent assistant nurse to help Nurse Aplin.

STATE REGISTRATION MEETING

A DISCUSSION meeting on the State Registration of Trained Nurses was held on November 15th, by kind permission of Mrs. Tayler Ware, at Phillimore-gardens, Kensington. The chair was taken by Dr. Bezly Thorne, who opened the meeting with a few remarks on the value of the well-trained nurse.

Miss Hobbs opened the discussion, explaining that State Registration meant the establishment of a Central Board of experts which should define and insist upon a universal minimum standard of training, to be followed by a Central uniform examination by the independent body, the Central Board, and the establishment of a Register on which, after the time of grace (when every nurse who could produce evidence of training and good character would be eligible for admission), the name of every nurse who produced a satisfactory certificate from her training school and passed the final independent examination would be placed.

The advocates of State Registration hope to obtain a legal status for trained nurses, recognition for them as professional women; a guarantee to the public that if they pay for the services of a registered nurse they shall have what they pay for, a fully trained woman instead of, as is frequently the case now, one without any qualifications for her work; a help to the medical men by enabling them at a glance to ascertain the credentials of nurses whom they employ; opportunity to the well-trained nurses to secure the work for which they are qualified, without fear of the competition of the pseudo nurse, and finally, disciplinary power by which undesirables may be eliminated from the ranks of registered nurses.

Mr. Sydney Holland objected that this State Registration would not prevent the untrained from working, that a great many of the large hospitals were against it—that a nurse once registered would be hall-marked, and might become absolutely inefficient and still remain on the register—that the advances in surgery made a nurse of ten years ago absolutely out of date at the present time, that it would be impossible for any Central Board to supervise them all, or to revise the register adequately. That it would stultify nursing because when a uniform standard (which he thinks must be a low one) is set, no one will make an effort to go beyond that standard, and that character cannot be registered.

Miss Grace Gordon and Miss Hobbs answered these remarks, explaining that the public would be given the opportunity of getting a fully trained nurse if it paid for one; that a nurse registered would be efficient at the time of her registration, and might keep herself up with the advance of the times.

Dr. Bezly Thorne summed up, speaking as he ever does in the highest terms of the well-trained nurse. Tea brought a most interesting meeting to a close.

NURSES' SOCIAL UNION

IN connection with this organisation interesting meetings have been held at Bridgewater and Wells, to discuss the advantages of a system of State registration for nurses. The meeting at Bridgewater was held at Mrs. Foster Barham's, on November 13th, Mrs. R. Sanders, wife of the Conservative candidate for the Bridgewater division of Somerset, occupying the chair. Among those present were the Hon. Mrs. Stanley, Miss E. L. C. Eden, Sister Vicary, Dr. Bird, Miss Kitching, matron of the Bridgewater Infirmary, and a number of nurses.

The meeting at Wells was held on November 15th. Mrs. Kennion, wife of the Bishop of Bath and Wells, opened the meeting with a few kind words of sympathy with its objects.

The speaker in both cases was Miss Bompas, Iverna Court, Kensington, who placed the matter with great clearness and moderation before her audience. Miss Bompas's great power of seeing all sides of a question is very convincing. She said that registration is needed, (1) for the protection of the public, who may at any time be dependent for their lives on the skill of a nurse; (2) that medical men may be sure of obtaining the assistance of a really competent nurse; (3) to raise the status of the nursing profession, which is injured by the ignorance or misconduct of unworthy members. In cases of sudden illness there is no time to inquire into the qualifications of a nurse; nor is there any easy means of estimating her skill, as the value of hospital certificates varies very greatly. A woman who has spent a few weeks in a hospital, and been dismissed as totally unfit for nursing, can, and does, set up on her own account as a private nurse. Even in the large hospitals there is no recognised course of general training; and a nurse may get her three years' certificate without having been taught some of the most important duties she may afterwards be called upon to perform. Some method of distinguishing thoroughly trained and competent nurses is, therefore, most desirable in the interests both of the public and of the medical profession, whose best skill may be neutralised by the ignorance of a nurse. It is accordingly proposed that a general nursing council shall be established, which shall decide the minimum training necessary; undertake to examine any nurse who has received this amount of training, and has a satisfactory report as to character from the hospital matron; keep a register of nurses who have passed this examination; and remove from the list the names of any proved guilty of misconduct. Registration would be optional; but only those whose names were on the roll would be entitled to call themselves "registered nurse." Those who do not wish to register will have full liberty to work as before; and in many cases of slight or chronic illness, the services of these less highly qualified nurses will meet all requirements, so that no hardship would be inflicted on them. All existing nurses, possessing certain qualifications, would be entitled to put their names on the register without further examination, as was done lately in the case of midwives.

THE ALLENBURY FEEDING BOTTLE

THE well-known "Allenbury Feeding Bottle" comes before us with an improvement in the shape of the teat, which will now resist the strongest infantile efforts to pull it off the bottle. The principle of the "Allenbury" is the correct one—it has no tube to act as a lurking place for germs, and being open at both ends, can be thoroughly and easily cleansed. Its shape, moreover, precludes the possibility of giving a child its bottle in its cot alone. The explanations on the box are of distinct value, as in olden days nurses used to complain that no air came through the valve—the little slit, not having been noticed, was allowed to fill up with milk, and the child could not, therefore, obtain its food. In the specimen sent to us the hole in the teat is rather small, so that it requires vigorous sucking to get anything through it. As babies so easily get tired, the milk should flow readily—though not too freely. It is a pity that the divisions on the bottle are not named—especially as they are not equal. The lowest registers 1½oz. and the other 1oz., though, of course, the child's food should be mixed in a proper measure-glass before being put into the bottle at all. Still, taken all round, this is a particularly satisfactory bottle.

NURSING LECTURES

THE lectures on nursing under the Newport (N.B.) Town Council came to a close last week. Nurse Macdonald, who has conducted the course, dealt in this concluding lecture with pneumonia, pleurisy, consumption, dropsy, &c. A practical illustration of the use of the bronchitis tent was given. Ex-Provost Roger said it was very gratifying to the County Council Committee and the Town Council Committee to know that the lectures had been very much appreciated. The ladies had shown their appreciation by subscribing for a handsome dressing-case, which he had pleasure in handing over.

NOTES FOR MIDWIVES

Dr. G. Reid, the Staffordshire County Medical Officer of Health, in presenting a report on the working of the Midwives Act at the recent quarterly meeting of the County Council, stated that 724 women had notified their intention to practise. Two women inspectors have been appointed, one a qualified medical practitioner, and it is clearly Dr. Reid's intention that no effort shall be spared to train up the existing midwives in the way they should go, for he says that "the work of the inspectors will for a time be mostly of a tutorial character, the chief aim being to secure as near an approach to surgical cleanliness on the part of the midwives as possible.

In most cases, he thinks, this will prove to be a hopeless task, but as time goes on many of the present midwives, will, from one cause or another, drop out, and those who take their places will, in accordance with the Act, be properly trained women.

It is very satisfactory when the education of the existing midwives is taken in hand in this way, and the task may not prove so hopeless as Dr. Reid anticipates. In regard to the classes held under the London County Council for *bonâ-fide* midwives and others, the keenness of the former to improve their knowledge and profit by the instruction given has been most noticeable.

The appalling mortality amongst infants in Staffordshire forms a serious chapter in the medical officer's report, the chief contributory cause being, as usual, the ignorance amongst mothers as to the proper feeding of their children. It is believed that 2,000 children die annually in Staffordshire within a few months of birth from no other cause. Dr. Reid thinks the best way to meet this universal evil is not to attempt to teach the present generation of mothers, brought up in bad traditions, but by educating the teachers of our schools to ensure more light and knowledge in the training of the children of to-day. There is much in this argument, but it is probable that Dr. Reid will find that the education of the midwives may be even more important, and fruitful beyond his hopes. If an elementary knowledge of the proper feeding of infants can be instilled into the midwives who work among this very class of poor and ignorant mothers, they may succeed in doing what the district visitor, or even the district nurse and the "health lady" find a difficult enough task.

The dense ignorance which has to be grappled with by those who work amongst the poor is found in many forms. Especially are the poor ignorant of how to set about improving their conditions, or alleviating them as far as may be. They do not know where to go for help, and midwives and nurses need to make themselves acquainted with the various methods that exist for the relief of poverty and sickness. There are many organisations whose beneficence only requires turning into the right channels, and many people ready to lend aid did they know where it was required. One often finds, quite apart from their proper reluctance to accept "parish relief," that the poor do not even know where to apply when driven to that last resource. At a recent inquest on a baby of a few hours old, the midwife, who had been practising for nineteen years, "but was not registered because she was no scholar and could not afford to pay for it," said that the mother had no money, and did not know that she could go to the relieving officer for the parish doctor. District nurses, in the course of their work, learn a great deal about parochial and Poor Law machinery, and to have a really intelligent knowledge of the working and the powers of these various organisations is to add much to their value. To put the needy into communication with those who may help them is not one of the least useful functions of the district nurse or midwife, and she is often called upon to act as a connecting link between these two classes. Here is one more way in which the substitution of the trained for the untrained midwife will benefit the poorer classes of the community.

A meeting of the Central Midwives Board was held on Thursday, November 23rd, at the Board Room, Suffolk Street, at the termination of a meeting of the Standing Committee.

The Hampshire County Nursing Association, through its Vice-President, the Marchioness of Winchester, is informing all whom it may concern that the Association is prepared to undertake the work of inspecting midwives throughout the rural districts of Hampshire, "as provided for by the Act and in accordance with the Rules of the Central Midwives Board," the examination and inspection to be carried out by a fully trained nurse and midwife, at a charge of one guinea per midwife per annum. Lady Winchester adds that the County Nursing Association (affiliated to the Queen Victoria Jubilee Institute) has worked with the County Council for years past, and that the efficiency of its organisation is too well known to need recommendation. The Alton District Council has taken advantage of the Association's willingness to undertake midwifery inspection. Hampshire is one of those misguided counties which has preferred to delegate the powers under the Midwives Act, so that every urban and district council is a law unto itself in the matter of the working of the Act. It will be well advised of the various local supervising authorities if they employ Queen's nurses in this way as far as may be throughout the county, and one step towards a very desirable uniformity in administration.

A first prosecution under the Midwives Act has just taken place in Worcestershire, when one Mary George was summoned for failing to give notice of her intention to practise as a midwife. The fact that she had not done so, though warned by the Central Midwives Board (she is a certified midwife), came to light in consequence of an inquest. The case was considered of importance, and the woman was fined £1 and costs, or fourteen days' hard labour.

At the recent annual meeting of the fellows and members of the Royal College of Surgeons, the President, Mr. John Tweedy, in placing before the meeting the report of the council for the past year, drew attention, amongst other matters, to that section of the report dealing with the work of the Central Midwives Board. It was stated that there were now forty-two recognised schools for the training of midwives in England, and that sixty-three teachers had been approved under the Board. The scheme of examinations drawn up by the Board have been approved by the Privy Council.

The Isle of Wight Guardians have just given their medical officer permission to make the necessary provisions for training their assistant nurses in midwifery. It was shown that there would be no additional expense incurred, and very great advantage to all concerned would ensue.

A Midwifery and District Nursing Association is to be formed for the rural district of the Isle of Wight. A committee has been formed to make all arrangements for working this very useful institution in the island.

CENTRAL MIDWIVES BOARD

We regret that in our list of successful candidates last week we omitted the names of Miss Knox, of the Military Families' Hospital, Chatham, and Miss Gertrude Durant, of Balham, who was privately trained.

DUNDEE MATERNITY HOSPITAL

Five years ago this institution was started as a branch of the Dundee Royal Infirmary, and under such excellent auspices its speedy success was assured. The recent examinations of the Central Midwives Board show that six nurses presented themselves, and all six passed—three being examined at London, two at Newcastle-on-Tyne, and one at Bristol. This excellent record for so recently established a school is most satisfactory, and in large measure due to exceptional teaching and clinical facilities to be had at Dundee.

NEWS ITEMS

Through the generosity of Mr. Alderman J. Moser, of Bradford, the Jews of Leeds are now the possessors of a hospital in which the sick poor of the Hebrew community can be nursed in strictly Jewish orthodox fashion. The new hospital has been dedicated to the memory of Theodore Herzl, and contains three wards, surgery, dispensary, board-room, and a matron's room. Miss Defries will be assisted by a staff of nurses.

At the annual meeting of the Limerick District Nursing Association, the report showed that during the past year four nurses had paid 14,906 visits. An appeal was made to the townspeople to subscribe not only gifts of money, but in kind; were it not for the generosity of the nuns, this work could not be carried on.

At a bazar recently held at Hull in aid of the local District Jubilee Nursing Association, Sir James Reckitt, the president, said he could not speak too highly of the splendid work done by the nurses in Hull, in relieving the poor in their own homes, and thus lessening the pressure upon the local hospital.

At a sale of work, which has just been held in York, in aid of the local District Nursing Fund, a sum of over £104 was collected. The proceeds thus gained will go towards the maintenance of the five nurses who work among the poor of the city.

A public meeting has recently been held at Linthwaite to discuss the furtherance of the work of the local district nurses. Nurse Laycock reported that she had paid 2,512 visits during the year, and Nurse Hollington, in giving a record of the year's visits, seems to have been equally busy. The meeting was the outcome of a committee meeting held last month, and a subscription list has been formed in view of additional expenses.

An address on the Royal National Pension Fund for Nurses is to be given by Mr. Dick, on December 4th, in the Committee Room of the Blackburn Town Hall, at three o'clock. The meeting is arranged under the auspices of the local District Nurses' Association, but all nurses interested will be very welcome.

An effort is being made in Ireland to start a library for the nurses in connection with Belfast Union. All nurses have a certain amount of time which they like to devote to reading, and but few of them are able to subscribe to the ordinary library or its more modern equivalent, the "Book Club." Therefore, surely a library within the walls of their own institution, where they can get at books of all sorts at hours convenient to their work would, indeed, be a very great boon. Books and magazines will be gladly received by the acting-chaplain, Mr. E. Ross.

The Council of the Hampstead General Hospital have decided to extend the nursing institute by keeping a staff of nurses ready to go to any part of the United Kingdom at the rate of two guineas a week. Application for these nurses must be made to the matron.

At a recent meeting of the Wincanton Guardians, the doctor of the Infirmary requested that another nurse should be appointed to assist the other nurses, as the work had so very largely increased that the present staff were no longer able to cope with it. After some discussion, however, it was decided not to appoint one.

APPOINTMENTS

Aberdeen District Nursing Association.—Miss Katherine Lumsden has been re-appointed representative of the Scottish Council of the Q.V.J.N.I.

Barry Accident Hospital.—Miss I. M. Davies has been appointed nurse. She received her training at Hereford General Hospital and West Ham City (Fever) Hospital, Bristol; previously she was staff nurse of the men's surgical wards at Hereford, and had entire charge of the Isolation Hospital, Cymmer. She has also done private nursing.

Brighton Workhouse Infirmary.—We regret that owing to a mistake on the part of the printer, the appointment of Miss Jane Mackay was announced last week as matron. Miss Mackay has been appointed staff nurse in the chronic wards, and was for two years charge nurse at the Portsmouth Parish Infirmary.

Fifield Nursing Association.—Mrs. B. Ratcliffe has been appointed village midwife and nurse to Fifield, Oxford, and the surrounding district. She received her training at the East End Mothers' Lying-in Hospital, and has been at the London County Asylum, and night nurse at the Brentwood Asylum. She holds the C.M.B. certificate.

Leavesden Asylum.—Miss A. McLaren has been appointed superintendent nurse.

Leeds Nursing Home for Jews.—Miss Defries has been appointed matron of the nursing homes for Jews; she was previously at the Metropolitan Hospital, London.

Queen Alexandra's Military Nursing Service.—Miss C. M. Williams has been appointed staff nurse. She was formerly staff nurse in the out-patient department at St. Mary's Hospital, Paddington.

St. Mary's Hospital.—The appointment of Miss M. E. Thompson to the post of sister of the Albert and Cambridge Wards has been confirmed, as well as the appointment of Miss A. E. Huggins to the charge of the maternity district work. Some changes have taken place in the charges of casualty, de Hirsch, Lilian Holland, and the ophthalmic wards, these departments being now administered by sisters.

Winwick Asylum.—Miss L. A. Grice has been appointed second matron.

Wolstanton and Burslem Union.—Miss M. Beaumont has been appointed superintendent nurse. She was trained at the Manchester Union, Crumpsall, and has since been charge nurse at the Park Hospital, Hither Green, S.E.

PRESENTATION

At a meeting of the Uttoxeter Nursing Association, Nurse Neild was presented with a handsome purse containing over £5, in recognition of her services to the Association. Miss Neild was the first nurse the Society had, and she is giving up her work to go abroad.

DEATHS

Nurse Gretta Lynch, a nurse attached to the North Fever Hospital, Cork, has recently died. She will be missed by all connected with the hospital, to whom she had endeared herself by her genial disposition and unselfish devotion to her profession, to which she fell a victim so early in life.

We regret to have to announce the death of the late Mother Superior of the North Ormesby Hospital; she was well-known to all connected with the hospital, and her loss will be very great.

CORRESPONDENCE

BADGES.

May I say that in our experience badges are in favour with both nurses and public? Anyone can wear a uniform, but to bear a badge which is practically a "trade-mark" is punishable. Ours is a pretty four-leaved shamrock, with B.M.N.U. on the leaves. Monthly nurses are glad to join the union, which is the only one for them, especially as patients, knowing that we only employ those of proved experience and capability, are thankful to get them. Before receiving the badge a nurse must bring testimonials from three doctors under whom she has worked for ten years. The fee for membership is 5s. first year, 1s. afterwards. Those wearing our uniform must be registered by us. G. Allinson House.

British Monthly Nurses' Union
Walthamstow Branch.

THE MODERN NURSE.

To the Editor.

Private nursing is apt to give the modern nurse a somewhat morbid view of life; but that is no reason why she should be lacking in either earnestness or devotion. When a nurse leaves hospital and starts her actual nursing career, she goes forth fully prepared in every way to do her very best, although in many cases, I am sorry to say, she has but little scope for this. In hospital she has to carry out her instructions implicitly; in private work she is often only able to carry them out as far as her patient will allow her to do so (except, of course, in cases of serious illness, when the patient is more or less indifferent). This surely must be one of the greatest difficulties she has to surmount, for it is likely to cast a reflection on her ability and skill, as well as to draw down the displeasure of her doctor, who expects from her the same implicit obedience as when she was in hospital.

Then, again, the modern nurse is invariably looked upon as a necessary evil, and her smallest needs and requests are often considered troublesome and unnecessary; but it is occasionally forgotten that it is for the welfare of her patient that she makes her requirements known, and not for her own personal comfort.

I have been in the nursing world for several years, and am acquainted with between fifty and sixty modern nurses, but I do not think I could put my finger on one who, in spite of many, almost insurmountable difficulties, during years of hard nursing, has become either selfish or narrow where her work is concerned.

I trust that the "passing" of the old-fashioned, true, and sincere woman, who surmounted all difficulties, and yet "lived a noble unselfish life, amid the monotony of hospital routine"—which your correspondent in last week's issue regrets—is merely the "passing" from hospital *regime* into the wider sphere of private nursing life, where, I am sure, she may yet be found in large numbers, and where she is even more anxious to do her utmost to help and to please than perhaps she was during her hospital training, when duties had to be fulfilled with clockwork regularity *nolens volens*.

J. P.

A GIPSY BABY.

To the Editor.

Your correspondent's account in this week's Nursing Times of the baby born in a caravan recalls to my mind a curious story I once heard—the experience of an old country midwife.

This happened, I imagine, about fifty years ago. The midwife, then a young and buxom country woman, was called out one moonlight night to attend a gipsy in an encampment outside the village. The confinement took place in a kind of caravan, everything had passed off well, and the baby was raising his voice in satisfactory fashion, when, to the surprise of the midwife, a burly gipsy man made his appearance, seized the unwashed child, wrapped it in his coat, and made off with it. She followed in hot pursuit. Down the lane he ran, the protesting woman behind him. There was a brook, which ran beneath a bridge at a bend in the road, with an open space at the side for the cattle to drink. Here he paused, took the baby out of the coat, and proceeded to put it into the water.

"Never," said the breathless and indignant woman, "shall you drown that little innocent whilst I'm by to prevent it."

But the man immersed it very gently for a second, then he lifted it out, carefully wrapped it again in the coat, and put it into her arms.

"There's no need for you to be so scared," he explained, as they walked back. "It is a custom among the Romany; it hardens them. We have no use for delicate children."

It was satisfactory to learn that the baby was apparently none the worse for his chilly bath.

A. E. D. A.

COMPETITION VII

A large number of papers were received on the subject of diet in various diseases. The papers show a great deal of thought and care, but several of the writers give too hard and fast a diet for each case, forgetting that diet must be varied according to the condition of the patient. The FIRST PRIZE of £2 2s. has been awarded to:—

Miss M. Westaway,
1 Pemberley Crescent,
Bedford.

and a CONSOLATION PRIZE of half-a-guinea has been awarded for the second best paper, which was sent in by

Miss Hedley,
26 Sholebroke View,
Leeds.

The papers sent in by Alicia and Dymock were excellent, but, unfortunately, received too late.

The following papers are highly commended:—Aletta, Aubrey, Blockhead, Claydon, Interested, Mercy, Phyllis, Query, Nancy, Sister Charity, An Old Pro., Poor Law, Sunbeam, Brepar, Rex, Southdown.

A New Competition will be announced next week.

COMING EVENTS

November 29th.—Conference of Queen's Superintendents at the Hotel Windsor.

November 30th.—Presentation by Lord Sandhurst, at the Middlesex Hospital, of a service of plate to Miss Thorold.

December 1st.—Opening of the new Hammersmith Workhouse and Infirmary by Princess Henry of Battenberg.

December 2nd.—Winter Social Gathering of the League of St. Bartholomew's Hospital Nurses, 4—6.30 p.m.

December 16th.—Opening of the new buildings of Hampstead General Hospital.

December 5th.—Performance of *The Idlers* at the Albert Hall at 8.45, in aid of the Holt-Ockley Cottage Nurse.

All Editorial communications to be addressed to The Editor, "The Nursing Times,"
Messrs. MACMILLAN & CO., Ltd.,
St. Martin's Street,
London, W.C.

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